

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF VERMONT**

| | | |
|-------------------------|---|--------------|
| In re: |) | |
| |) | |
| UTILITY RISK MANAGEMENT |) | |
| CORPORATION, LLC, |) | Chapter 11 |
| |) | Case No. 10- |
| |) | |
| Debtor |) | |

AFFIDAVIT OF DEBTOR PURSUANT TO VT. LBR 1007-1 (g) and (h)

Now comes Adam Rousselle, in his capacity as Chief Executive Officer of Utility Risk Management Corporation, LLC (the “Debtor”), being duly sworn, and hereby states as follows:

1. There is no committee of creditors organized in respect to the Debtor.
2. The Debtor is in the business of assisting electric utilities to maintain their rights of way. The Debtor has sought relief under the United States Bankruptcy Code to stay the foreclosure of liens upon the property of the Debtor by Asplundh Tree Expert Co.
3. The Debtor has not issued any publicly traded securities.
4. There is no property of the Debtor in the custody of a third party.
5. There are no pending proceedings regarding the Debtor or its property
6. The Debtor leases its offices in Stowe, VT and New Hope, PA.
7. The Debtor’s current payroll is \$101,000 paid twice monthly in arrears.
8. The Debtor’s cash expenditures are approximately \$250,000 per month for the 90 day period following the petition. The Debtor’s cash receipts are approximately \$425,000 per month for the 90 day period following the petition.

9. The Debtor's Certificates of Insurance are attached hereto.

Dated: August 16, 2010



/s/ Adam Rousselle
Chief Executive Officer
Utility Risk Management Corporation, LLC

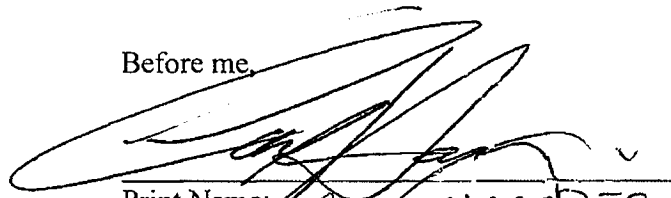
2038 Mountain Road
Stowe VT 05672
Tel: (267) 254-6107

STATE OF VERMONT
COUNTY OF LAMOILLE

August 17, 2010

Personally appears before me the above-named Adam Rousselle, being duly sworn upon oath, and acknowledged the foregoing instrument to be true to the best of his knowledge, information and belief.

Before me,



Print Name: CARL HAASPER
Notary Public
CARL HAASPER JR.
Notary Public
VERMONT
OCT 2011

UTILRIS-01 MIDA

| | | |
|---|--|---|
| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 6/22/2010 |
| PRODUCER Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED UTILITY RISK MANAGEMENT CORPORATION 2038 MOUNTAIN RD STOWE, VT 05672 | | INSURERS AFFORDING COVERAGE INSURER A: Farmington Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: |
| | | NAIC # 41483 |

COVERAGES

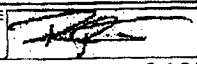
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L TR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|---------------|-------|--|----------------|------------------------------------|-------------------------------------|--|
| | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC. | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | ICUB3672N10110 | 3/1/2010 | 3/1/2011 | X WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

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|----------------------------|---|
| Insured's Copy - | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |
|----------------------------|---|

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2010

PRODUCER (215) 675-2600
Regional Insurance Associates, Inc.
1113A Washington Crossing BLVD

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Washington Crossing PA 18977-

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A: Harleysville Mutual

14168

Utility Risk Management Coporation
2038 Mountain Road

INSURER B: Landmark American Ins.

INSURER C:

INSURER D:

Stowe VT 05672-

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------|---|---------------|----------------------------------|-----------------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | MPA 46997C | / / | / / | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | 03/25/2010 | 03/25/2011 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | / / | / / | MED EXP (Any one person) \$ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | / / | / / | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | / / | / / | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY | BA 52718C | / / | / / | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | 03/30/2010 | 03/30/2011 | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | / / | / / | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | / / | / / | PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | |
| | <input type="checkbox"/> GARAGE LIABILITY | | / / | / / | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |
| A | <input type="checkbox"/> EXCESS/UMBRELLA LIABILITY | CMB 46999C | / / | / / | EACH OCCURRENCE \$ 5,000,000 |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | 03/25/2010 | 03/25/2011 | AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | / / | / / | WC STATUTORY LIMITS \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | / / | / / | E.L. EACH ACCIDENT \$ |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| B | <input type="checkbox"/> OTHER Professional Liability | LHR 724043 | 11/21/2009 | 11/21/2010 | Per Claim 5,000,000 |
| | | | / / | / / | deductible 10,000 |
| | | | / / | / / | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

() - () -

Sample

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

INS025 (0108).05

ELECTRONIC LASER FORMS, INC. (800)327-0545

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Page 1 of 2

IMPORTANT

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